## Welcome

Thank you for being here



## Selecting Your Health Plan

- Pick a plan design (A, B or C)
  - \* Which plan design provides the coverage you and your family need?
  - \* What is the total plan cost? What is the member contribution?
    - \* Premiums + Deductible & Coinsurance = ?
- 2. Review the Provider Networks
  - \* Each of the medical plans uses a different provider network



Network Benefits	Plan A	Plan B	Plan C
Deductible	\$300 Single \$600 Family	\$150 Single \$300 Family	\$2,500 Single \$5,000 Family
Coinsurance	20%	35%	0%
Medical Out of Pocket Maximum	\$2,000 Single \$4,000 Family	\$3,650 Single \$7,300 Family	\$2,500 Single \$5,000 Family
Pharmacy Out of Pocket Maximum	\$2,750 Single \$5,500 Family	\$2,750 Single \$5,500 Family	Included with Medical
Preferred Lab	Yes	Yes	No
	Office V	isits	
Adults (age 19+)	PCP \$25 Copay Specialist \$45 Copay Urgent Care \$50 Copay	PCP \$20 Copay Specialist \$40 Copay Urgent Care \$50 Copay	Deductible & 0% Coinsurance
Children (< age 19)	PCP \$25 Copay Specialist \$45 Copay Urgent Care \$50 Copay	PCP \$10 Copay Specialist \$25 Copay Urgent Care \$50 Copay	Deductible & 0% Coinsurance
Financing Options	Health Care FSA	Health Care FSA	Health Savings Account Limited FSA

## 2014 SEHP Medical Plans

Plans	Α	В	C
Blue Cross and Blue Shield of Kansas	X	Х	X
Coventry/PHS	X	X	X
UnitedHealthcare Company	X	X	X

- \* All are Preferred Provider Organizations (PPOs)
  - \* Plans A, B and C all use the same provider networks & same basic coverage
  - \* Claims paid based on the network status
  - \* Network Providers accept the plan allowance as payment in full
  - \* Non Network Providers can balance bill
  - \* All plans include preventive care

## Deductible

- \* A set amount of eligible expenses a covered person must pay <u>out of</u> their <u>own pocket</u> before the health plan will begin paying on their claims.
- \* Network and Non Network Deductibles accumulate separately.
- \* Deductible and "Not Covered" do not mean the same thing.

## Deductible Example

#### **Claim Information**

Plan C Deductible is \$2,500

Network Dr. billed \$600 for a covered service.

Health Plan allowance is \$500.

Member has met \$0 of their deductible this year

#### **Claim Processing**

\$500 Allowed Charge
-<u>\$500</u> Deductible
\$0 Paid by health plan

Your responsibility = \$500

Plan Pays \$0 Member Pays \$500 \*

Dr. writes off \$100

\* Members on Plan C can use their Health Savings Account funds to pay the deductible.

## Coinsurance

- \* A cost sharing formula for health care services
- \* Coinsurance is expressed as a percentage of the allowed charge that will be paid by the member and the balance paid by the Plan
- \* You must meet the deductible before coinsurance is applied

## Coinsurance Example

#### **Claim Information**

Member has Plan A

Network Dr. billed \$125 for service

Plan allowed \$100 for service

Member has met their \$300 Deductible

Member Coinsurance is 20%

#### **Claim Processing**

\$100 allowed by Plan 20%\_Coinsurance \$20 Paid by Member

Plans pays the other 80%

Plan Pays \$80 Member Pays \$20 \$100

Dr. writes off \$25

Preventive Care Services	Preventive Care Services
Well Baby Exams - includes newborn screenings & age-appropriate office visits.	<b>Contraceptive Coverage</b> - see Preferred drug list for covered drugs
Well Woman, Man & Child Exams - includes office visit & age-appropriate screenings & counseling.	<b>Ultrasonography for Aortic Aneurysm -</b> for men ages 65-75 with tobacco use history
<b>Prenatal Screening &amp; Counseling</b> - Limited screening services.	Mammography – not limited to one
Age-Appropriate Bone Density Screening	Vision Exam
Immunizations	Routine Hearing Exam
<b>Colonoscopy</b> – not limited to one. Now includes removal of polyps	

## Changes for All Plans

- \* Autism Spectrum Disorder permanent benefit
- \* Bariatric Surgery added for qualified patients

## Plans A & B Changes

- \* Plans A & B Urgent Care benefit:
  - \* Emergency Room \$100 Copay
  - Urgent Care Clinic \$50 copay
    - \* If no separate services billed, copay is all member owes
    - Other services subject to deductible & coinsurance (lab, x-ray, surgery)
- \* Plans A & B Out of Pocket Max changes
  - \* PY 2014 Out of Pocket (OOP) Max applies
    - \* Deductible, Copays and Coinsurance apply to Out Of Pocket Maximum

# Plan A Changes

#### 2013 - Network

Deductible	\$300 / \$600
Coinsurance	20%
<b>Coinsurance Max</b>	\$1,400 / \$2,800
Copays	No limit
Out of Pocket Max	None

#### 2014 - Network

Deductible	\$300 / \$600
Coinsurance	20%
Out of Pocket Max	\$2,000 / \$4,000

# Plan B Changes

## 2013 - Network

Deductible	\$150 / \$300	
Coinsurance	35%	
Coinsurance Max	\$3,000/\$6,000	
Copays	No limit	
Out of Pocket Max	None	

### 2014 - Network

Deductible	\$150 / \$300
Coinsurance	35%
Out of Pocket Max	\$3,650/\$7,300

# Standard Drug Plan for Plans A & B

2013 2014

Coverage Tier	Coinsurance	Coverage Tier	Coinsurance
Generic Drug	20%	Generic Drug	20%
Preferred Brand Drugs	35%	Preferred Brand Drugs	35%
Specialty Drugs per 30 day supply	25% to a max of \$75	Specialty Drugs per 30 day supply	25% to a max of \$75
Non Preferred Drugs	60%	Non Preferred Drugs	60%
Coinsurance Max (doesn't include non preferred brand drugs)	\$2,580 per person	Out of Pocket Max (applies to all drugs except Discount Tier)	\$2,750/ \$5,500

## **Upcoming Generic Releases**

Aciphex Q4 2013

Cymbalta Q4 2013

Actonel Q2 2014

Copaxone Q2 2014

Detrol LA Q2 2014

Lunesta Q2 2014

Nexium Q2 2014

Zemplar Caps Q2 2014

Evista Q3 2014

Micardis Tabs Q3 2014

Micardis HCT Tabs Q<sub>3</sub> 2014

Tazorac Gel Q4 2014

Nexium IV Q4 2014

## **Quest Diagnostics**

- \* Available on Plans A & B only
- \* Statewide & nationwide preferred lab vendor
- \* 100% coverage of eligible outpatient lab tests performed and billed by Quest
- \* Your doctor can draw the sample and send to Quest, or
- \* You can visit Quest's website for collection sites
  - \* Online appointment scheduling available
- \* Use Your Quest ID card or medical ID card

## Stormont-Vail HealthCare

- \* Available on Plans A & B only
- \* Regional Preferred Lab vendor in NE Kansas
- \* 100% coverage for eligible outpatient lab tests
- \* All Plan A & B members may use the Stormont-Vail draw site locations
- \* Labs drawn at other Cotton-O'Neil locations may be included if by network providers
- \* Show your medical ID Card to access benefit

## Plan C

#### **Network**

# Deductible \$2,500/\$5,000 Coinsurance 0% Coinsurance Max Not applicable Preventive Care Paid 100% Out of Pocket \$2,500/\$5,000 Max

#### Non - Network

Deductible	\$2,500/\$5,000
Coinsurance	20%
Coinsurance Max	\$1,500 / \$3,000
Out of Pocket Max	\$4,000/\$8,000

## Plan C Drug Plan

- \* Uses same Preferred Drug List as Plans A & B
- \* Covered drugs are subject to the Network Plan C deductible
- \* After the deductible, the plan pays <u>Covered</u> prescription drugs at 100%
- \* Discount Tier drugs are Not Covered drugs
  - \* Only eligible for Caremark's negotiated discount
- \* Plan C is a creditable drug plan

## What is a Health Saving Account?

- \* An employee-owned bank account for saving money to use to pay for your current or future medical expenses
- \* For members enrolled in a qualified high deductible health plan
- \* Unspent HSA funds roll over and accumulate year to year and can be invested
- \* Portable The account and the money belong to you

## Plan C - HSA Contributions

Plan C Network Benefits	Single	Family
Total Member Out of Pocket	\$2,500	\$5,000

HSA Account	Single	Family
Employer Maximum HSA Contribution	\$1,500	\$2,250
EE Minimum \$25 Contribution Annually	\$600	\$600
Employee (EE) Available Contributions	\$25 to \$75	\$25 to \$179.16
Annual HSA Maximum Contribution (Employer + Employee)	\$3,300	\$6,550
Additional over age 55 "Catch up" amount	\$1,000	\$1,000

## **HSA Eligibility Requirements**

- \* The following **Employees** are eligible to have an HSA:
  - \* You must be covered under a High Deductible Health Plan (HDHP)
  - \* You have no other health coverage that isn't a QHDHP except what is permitted under "Other Coverage" defined by the IRS
  - \*You are not enrolled in Medicare or TRICARE
  - \*You cannot be claimed as a dependent on someone else's tax return



## Using Your HSA Funds

- \* Your HSA Funds are for you to spend on health care
  - \* Pay your deductible or other out of pocket costs.
- \* Use your HSA Bank Card at a Pharmacy
  - \* Fill a prescription. Swipe your HSA Bank Card for payment
    - \* Save a copy of receipt for your records
- \* Use your HSA Bank Card for Medical Services
  - \* Health plan adjudicates claim & sends you an Explanation of Benefits (EOB)
  - \* Pay the provider using your HSA Bank Card.
    - \* Save a copy of the bill or EOB for your records

# **Dental Coverage**



- \* Plan pays in full for 2 exams & cleanings
- \* Annual benefit maximum: \$1,700 per person per year

Benefit Level	PPO	Premier	Non Network	
Preventive Services	Covered in full	Covered in full	Allowed amount covered in full	
Value Based Benefit: Basic Benefit				
Basic Restorative	50%	50%	50%	
Enhanced Benefit				
Basic Restorative	20%	40%	40%	

## **Vision Benefits**

#### **Basic Vision**

#### **Enhanced Vision**

Materials Copay Office Visit Copay	\$25 \$50	Covers everything in the Basic Plan PLUS	
Frame Allowance	\$100	Frame Allowance	\$150
Lenses: single vision, standard bifocal, trifocal or lenticular	100%	High Index or Polycarbonate lenses	Up to \$116
Contact lenses & fitting fee	\$150 \$35	Progressive lenses	Up to \$165
		Scratch & UV coating	Covered in full



# **Employee Assistance Program**



- \* New Vendor beginning January 1, 2014
- \* Focus is on EAP, work-life, & wellness services
- \* All calls are answered 24/7 by a masters level clinician
- \* Fully integrated counseling, work-life, legal, and financial services available
  - \* Unlimited telephonic financial, legal, and family support
  - \* Up to 8 in-person counseling sessions at no cost
  - \* Referrals to local attorneys with free 30-minute consultation & 25% discount on fees
- \* Watch for additional information Coming soon

# HealthQuest (HQ) Rewards

- \* For PY 2015 employees will need to:
  - \* Complete the health assessment for 10 credits
  - \* Earn 20 additional credits through health and wellness activities
- NEW
- \* Members earn 1 credit each for ideal range values for:
  - \* Cholesterol
  - \* Glucose
  - Blood pressure

## Open Enrollment

- \* Make plan selections
  - \* Medical, dental, vision
- \* Add/drop dependents documentation required by October 31st
- \* Coverage effective January 1, 2014

## **Identification Cards**

- \* Coventry will reissue ID cards for Plans A & B
- \* UHC will reissue ID cards for Plan A members
- \* Delta Dental new card located out in the back of the Benefit book
- \* BCBSKS, Caremark, Quest and Superior Vision
  - \* will issue cards to new members
  - \* or to members who make plan changes
- \* New Plan C members will receive US Bank debit cards

# Questions?

Email ?'s to SEHP: benefits@kdheks.gov